DOCUMENT RESUME

ED 050 515 EC 032 229

| | |
|---|---|
| AUTHOR | Deschin, Celia S. |
| TITLE | Families in Trouble: A Comprehensive Family Rating Technique. |
| INSTITUTION | New York Service for the Handicapped, New York. |
| PUB DATE | Sep 70 |
| NOTE | 38p. |
| EDRS PRICE | EDRS Price MF-$0.65 HC-$3.29 |
| DESCRIPTORS | *Behavior Rating Scales, *Demonstration Projects, *Exceptional Child Research, *Family (Sociological Unit), Family Influence, Family Problems, *Physically Handicapped, Social Work, Test Construction |
| IDENTIFIERS | Comprehensive Family Rating, New York |

ABSTRACT

As part of a demonstration project to determine the effect on the mental health of physically handicapped children of integration with their nonhandicapped peers, two research instruments were developed. The monograph discusses one of the testing devices, the Comprehensive Family Rating. After a brief summary of the project, a description of the instrument, which examines the child's handicap and its effect on the household, parental attitude and parental handling, is given. Scoring for the three components of the test and utilization of the technique, using illustrations from the project, are also described. It is the author's opinion that the technique could help to clarify parental inability in child rearing by strengthening the social worker's sensitivity, insights, and skills through lessening the need for generalized value judgments. Other documents related to the project include EC 032 228 which discusses the Self Image Evaluation, and EC 032 230 which is the final comprehensive report on the project. (CD)

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# F A M I L I E S  I N  T R O U B L E

## A Comprehensive Family Rating Technique

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EC 032 229 PE

Monograph II

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September, 1970

ED050515

EC032229

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## BACKGROUND DATA

During the preparation of the chapters on methodology for the final report of the Children's Integration Project, it became increasingly evident that there were two research instruments that had wide applicability to the entire field of social work practice. These were the Self-Image Evaluation and the Comprehensive Family Rating.

It was decided to present the two instruments in monographs, the first one being a discussion of the Self-Image Evaluation. Although interpretations and conclusions can be drawn from each of them independently, a fuller appreciation of a person in his environment can be had by the interrelation of the two.

As the Comprehensive Family Rating evolved out of the Children's Integration Project, and as the Self-Image Evaluation was further tested by this project, a brief summary of the Final Report is included here to provide the research the setting in which the instrument was developed.

The Children's Integration Project[1], co-sponsored by the National Institute for Mental Health, was a study of orthopedically handicapped children and their families who participated in a two-year demonstration. The objective was to evaluate the effect on the mental health of children placed in organized group activities in community centers and settlements. "Mental health" was defined as the child's social functioning in the home, in school, and as reflected in his self-image. (It was assumed that if the center experience could be reflected in improvement in the child's self-image, this would be a most important indication of improvement in mental health.)

The two major hypotheses of the study were that(1) the mental health, as defined above, of orthopedically handicapped children, is improved through association with their non-handicapped peers; and(2) that the satisfactory integration of handicapped children into the New York City neighborhood centers can be accomplished without the employment of special and/or additional center staff, or without the need for special training of staff or specific equipment.

Following the casefinding and screening, 230 children aged 6 to 12, referred to the study from hospitals and school health classes, met the study's criteria: (1) that the disability be visible by the child's non-handicapped peers; and(2) that the disability not so severe as to preclude participation in some group activity.

The project officially began April 1, 1965. The demonstration in the center programs took place during the two years (October to May) of 1965-66 and 1966-67. At the beginning of the demonstration phase, 45 community centers in Manhattan, Brooklyn, the Bronx and Queens were prepared to accept the 170 children in the experimental group, aged 6 to 12 years. There were 60 children who were not assigned to a center program, who made up a control group.

The basic data from children and their families were collected by means of depth interviews at 3 points in the demonstration: before the center programs began as a basis for measuring change; at the end of the first year; and at the end of the second year. An important part of the interview schedule used with the child was a series of self-image questions and sentence completions

which was repeated in the interviews at the end of the first and second years of the demonstration and used to assess direction of change, positive or negative, in the child's self-image. Similarly, the parent interview schedule included a series of questions distributed throughout. The latter was designed to elicit direction of change in parents' attitudinal and behavioral responses vis-a-vis the handicapped child that included comparison with the handling of the non-handicapped siblings from the first baseline interview. The responses to these questions were conceptualized into the instrument, the Comprehensive Family Rating, which is discussed in this monograph.

A comparable procedure was used to obtain direction of change from a baseline evaluation by the child's teacher at the beginning of the project and at the end of the first and second year of the demonstration. This evaluation was divided into three components: Academic Functioning, Social Functioning (relationship to peers) and Relationship to Teacher.

The group leaders at the community centers described the extent and quality of the child's participation; and all of the children, including the study child, listed the members of the group in order of preference.

A Change Scale was devised to show:

1. Change in the child's behavior in the home as evaluated by the mother;
2. Change in the child's functioning in school as evaluated by the teacher;
3. Measurement of change in the child's self-evaluation.

On this scale, change in a positive direction was shown by 29.6 percent more children in this group (who had the center experience)

than in the control group. Further, the control children did less well academically and in relationship to their teachers. These provided evidence that the Experimental Children benefitted from association with non-handicapped children and from contact with the young group leaders at the center.

The following analysis shows how the Comprehensive Family Rating utilizes sensitive communication with parents as a diagnostic evaluation of their child-rearing functioning. The writer believes "respondents" in research studies have been given the status of true participants too infrequently. In an elusive search for objectivity that seems to be predicated on the superiority of check lists and pre-coded answers at the expense of open-ended questions that require skilled interaction on the part of the interviewer, confidence in the ability of the respondent to give reliable data has not been sufficiently developed. Without observation, listening, and communicating to the "subject" a sense of the importance of the material he can give, reliable data cannot be obtained and objective assessment of the meaning of the responses is thereby minimized.

In a world increasingly depersonalized, mechanized, and more recently, computerized as well, sensitive communication assumes an importance not always clearly understood - even in a profession such as social work that uses communication as a highly skilled technique. This is apparent in a number of ways. Especially relevant is the lack of awareness of the stereotypes that persist - stereotypes that block effective communication on any level, and certainly on a sensitive level. These may be vestiges

of prejudicial and discriminatory attitudes toward low-income and minority groups; or the utilization in social work of theories incapable of validation; or uncritical acceptance and integration into practice of theories as if proved. All these are so interrelated as to be inseparable, for stereotypes are perpetuated by unscientific theories.

Especially relevant to a discussion of meaningful communication based on the concept that human beings -- young children as well as adults -- are capable of self-evaluation, are the following stereotypes:

- In practice:
  The persistence of the belief that our clients and patients are not capable of explaining their real problem.*

- In research:
  Skepticism prevails regarding interviewees' ability to provide significant and reliable data relevant to the research problem* unless the researcher provides a structure that limits the responses.

In practice, the client or patient is not considered capable of explaining his real problem both because of prejudicial attitudes and uncritical acceptance of the pyschoanalytic theory of the unconscious which has long been recognized outside of social work as incapable of validation through accepted scientific methods.[2] In research, the skepticism is often most prevalent if the respondents are of low-income and minority group status. This has resulted in a tendency to over-emphasize precoded questions that facilitate analysis of the data at the expense of open-ended questions that might contribute new understanding of

---

*It is assumed that the clients, patients or interviewees are in touch with reality.

the problem. In addition, interviewees are referred to and thought of as "subjects" of research.

In the Children's Integration Study, described briefly in this summary, meaningful communication was possible with adults and young children from middle and low-income families of different religious beliefs, ethnic origin, and color. The children were aged 6-12, a few of whom had not yet reached their sixth birthday when first interviewed prior to the beginning of the demonstration, but were in kindergarten. In the writer's research, so-called <u>subjects</u> are considered participants in the study. In this role, they are given an explanation of the purpose of the research as well as some understanding of what will be required of them, e.g., the importance of explaining to parents <u>why</u> we wished to interview their handicapped child alone so that the latter's participation in the study would be genuinely his own.[3]

It was social work's failure to utilize fully the interview-skills unique to this profession that provided much of the stimulus for conceptualizing instruments to facilitate the most meaningful communication possible with children and adults. The objective of this monograph is to show the wealth of significant data that can be collected through trained interviewers and actively participating respondents( in the study, parents of physically handicapped children); and to highlight the role of this instrument in enhancing the use of those data in social work practice in a variety of settings.

## INTRODUCTION TO THE COMPREHENSIVE FAMILY RATING TECHNIQUE

Too often research is seen as more or less divorced from practice. Lack of research consciousness due, in the writer's opinion, to misunderstanding about research, prevents application to social work practice of highly useful techniques that evolved out of research. The Self-Image Monograph and the present monograph are illustrative of the value of this kind of application in the interest of improving social work practice. Accordingly, it seems regrettable that so many schools of social work, with the approval of the Council of Social Work Education, have dropped the thesis requirement and have substituted courses in research along with, in some schools, practice in ongoing studies under school or individual faculty auspices. This may well be a result of an over-emphasis on statistical methodology in social work research, based on techniques that in many instances originated in the natural sciences with far larger samples than are usual in research involving people. Hence, this emphasis is likely to be inappropriate. Criticism of this trend goes back to James Plant's book: Personality and the Cultural Pattern, published in 1939. Subsequently, the natural sciences have been critical of the social sciences (including social work research) on this score -- a criticism that seems to have been overlooked or bypassed.

Since caseworkers and social workers in group work agencies and community organizations gather data that are not always analyzed critically, or focused sufficiently to make the most reliable use of the data, the Comprehensive Family Rating Tech-

nique has widespread general applicability and can be adapted to a number of different kinds of social agencies. Obviously, the Technique has the most direct applicability, with minimal adaptation, to agencies providing services to families and children. The need to assess a given family's child-rearing functioning has always been important in social work practice -- even if only intuitively -- in an earlier period. The rapid and unprecedented changes in American society reflected in today's child rearing (not to overlook the influence of the child-rearing role taken over by the mass media, in particular, TV) make this assessment of special relevance today.

The Technique described below was developed in research. Notwithstanding, it grew out of the writer's extensive casework experience, both practice and teaching, as well as research that involved casework interviewing and understanding of behavior undertaken while the writer was teaching and conducting research at the Adelphi University Graduate School of Social Work. The uses for the Technique that are suggested in this monograph are based on the assumption that early diagnostic evaluation is fundamental to sound planning. The research instrument that is a part of the Technique was developed in the Children's Integration Study where it served early to differentiate a family's role vis-a-vis the disabled child with respect to stimulation of his growth and his participation during the demonstration.

Data collection -- whether in research or in practice -- is relatively easy compared to data analysis. It is true that it is necessary to anticipate that the data to be obtained are sufficient quantitatively and qualitatively to answer the study's

questions or test the hypotheses; or in practice, to be able to plan effectively. Data analysis presents a far more complex problem, especially when a study deals with human beings. The writer pointed out a decade ago:

> Relating social controls to behavior is still a major problem for the social sciences, despite the availability of techniques of mechanical processing. As a matter of fact, reliance on the latter has had the effect of imputing too much reliability and validity to statistical associations, while too little attention has been paid to the importance of careful selection of units of behavior and environment for correlation. The status of today's knowledge of human behavior and it relation to and interaction with environment is such as to make it necessary to recognize that such associations serve to provide clues to a deeper understanding of the relationship between social controls and behavior. They are seldom definitive.[4]

The observations just cited are still applicable. The computer age has, if anything, increased reliance on mechanical methodologies. Irrespective of the method selected for data processing, critical thinking about how to conceptualize interview data cannot be left to the computer or to the technicians who operate the computer, especially when the research deals with human behavior and attitudes of a complex nature. An underlying assumption is that individual responses to interview questions provide only partial insight. These should be checked with additional responses and responses of relevant members of the family. For the Children's Integration Study, parents' responses were compared with those of the handicapped child and other data over and above the usual checks for consistency. Similarly, conceptualizations of behavior and/or of attitudes viewed by themselves are likely to make for distorted understanding. For example, describing a specific mother as "over-

protective" of her physically handicapped child requires a variety of criteria other than the mother's responses and observation of her behavior. It requires: the reaction of the handicapped child to the handling; differentiation in the mother's rearing of the non-handicapped child; her goals and aspirations for the non-handicapped child; and her awareness of the meaning of the handicap to the study child. It is also essential to know the following: the kind of person she is; her relationship with and handling of the non-handicapped children along with her satisfactions and/or dissatisfactions with her role within the family. Processing a mother's responses with respect to her handling and attitude toward the physically handicapped child without taking into consideration factors such as those mentioned above would provide an incomplete and inaccurate picture of the character of the child rearing to which the handicapped child was exposed.

Accordingly, the wealth of data about parents, usually the mother, collected within a two-year period by means of three in-depth interviews had to be conceptualized in a unifying frame of reference if the data were to be used in a reliable meaningful and effective way. The framework for this, required by the design of the Children's Integration Study Evaluation, was as follows:

> To be able to rate families on the basis of their role vis-a-vis the handicapped child as to growth for all the study children, both experimental and control.

This kind of conceptualization is highly useful in practice as well. Social workers do not, at least, they should not, merely

add information to the family's record as it is gathered chronologically. New and possibly contradictory information should be integrated with what has already been obtained. It is likely to provide confirmation for some of the data already collected; raise questions about other data; and, in general make possible a deeper understanding of the family as well as clarify the direction of goals or plans already made.

For social agency use, the description of the instrument that follows would be sufficient without a numerical scoring. Numerical scoring helps to standardize the range of judgments of the persons making the assessment. For research, the writer recommends a scoring system as in the Children's Integration Study. A unifying principle in the conceptualization is the need to synthesize responses providing insight into attitudes and behavior in a way that takes into consideration change over a period of time as well as differences between, for example, the way a child views his handicap and the way a parent <u>thinks</u> the child views it.

Illustrative of what is meant by change is to be found in the responses to the same questions asked of parents in three depth interviews during a two-year period. Especially illustrative is the question: How did you feel when you first learned that your child was handicapped? When this question was repeated a second and third time, it resulted in a truer picture of the mother's feelings and, in some instances, those of the father; also a truer picture of the handicapping condition and changes it made in the life style of the family.

It was important to arrive at a conceptualization that would

allow for classification of the responses in such a way as to facilitate measurement of change and direction of change, positive or negative, in the family's over-all attitudes and child-rearing practices. The Comprehensive Family Rating Instrument made it possible to assess the familiss within a frame of reference of facilitating or deterring* the child's growth and, for the experimental group, of facilitating or deterring* the child's move into a new experience, the center program. Also, this instrument made it possible to ascertain whether there is high correlation between a comprehensive view of child-rearing practices and the child's self-image rating.

The basic assumption here is that human beings function as an integral whole which includes, for example, attitudes towards a handicapped child and the handling of such a child. Various units of attitudes and behavior need to be synthesized to get a clear picture of the family's life style and the role of the handicapped child in it. If the many responses having to do with child rearing are considered separately, even if some part of this behavior on the part of parents are weighted more than others, there is likely to be some distortion in the interpretation.

## DESCRIPTION OF THE COMPREHENSIVE FAMILY RATING INSTRUMENT

The need to interpret a family as a whole as accurately as possible was the rationale for the conceptualization of the Com-

*There was a middle rating that included both facilitating and deterring aspects.

prehensive Family Rating that examined the child's family situation within the framework of three aspects or components. The writer arrived at the categorization of various elements of a family's life style on the basis of reading individual responses of a large sample of the three interviews to see how the responses might be grouped most logically in terms of the study's major hypotheses. Parents' responses were then classified in accordance with the three components listed below:

> The effect on the household of having a handicapped child.
>
> Parental child-rearing attitudes.
>
> Parental handling of handicapped child and his siblings.

These three components were considered to make up the impact on the child of the family's child-rearing practices and family life style. Obviously, some of the components included comparisons between parental handling of the handicapped and non-handicapped siblings. Further, the focus was not limited to the status of the family at any given time, but it took into account the direction of change over the two-year demonstration period from the baseline of the first interview to the third. The second or intermediate interview at the end of the first year of the demonstration was used as a barometer for analyzing home changes that might temporarily affect the self-image rating. For example, a father's desertion affected the self-image of one child in a marked downward trend which was reversed by the time of the interview a year later. Interpretation of any set of responses was made in reference to all the available data at the time, and was checked for internal consistency as well as relevance to the

family's current social situation.

A discussion of the components, together with the questions that were included in each follows.

Effect on Household

In the conceptualization of the responses having to do with the effect on members of the household of having a handicapped child in the family, the following aspects of family life were taken into consideration:

a) The amount of time and attention the handicapped child required of the mother resulting from the handicap, over and above the ordinary needs of children.

b) The effect on siblings because of the child's handicap, apart from responsibility; for example, a child might have a younger sibling and indicate some resentment.

c) Similarly, the effect on the father and indications of resentment on his part.

d) Evidence that the child's handicap interferedwith parents' social life.

e) Problems in handicapped child's education because of the handicap.

Sample questions in Interview I:

What changes did this make in your life?

Does caring for ___*___ make problems for you in the home?
Yes_____ No_____
If "Yes", what kind of problems?

a) How do the siblings feel about their sibling?

b) What does ___*___ do with the siblings?

---

*The name of the handicapped child

In Interviews II and III, comparable questions were asked but put in the form of an opinion about any change in the above since the previous interview to which parents were asked to react.

> It has been said that having a handicapped child makes problems for the whole family. The following are some opinions that people have expressed regarding this. (Interviewer should ask for comments on changes since last interview. Record should show: Agree, Disagree, or No response, or include comments.)
>
> a) A handicapped child requires more attention and care than other children.
>
> b) A lot of time has to be spent going to doctors, clinics, hospitals, etc.
>
> c) There are problems in finding a proper school.
>
> d) Other children in the family resent special attention to handicapped child.
>
> e) Husband resents additional responsibilities for handicapped child.
>
> f) Other children object to having additional responsibilities because of handicapped child.
>
> g) Mother has less time to care for other children.
>
> h) Parents cannot have normal social life.

Parental Attitude

Conceptualization of responses having to do with parental attitudes were based on the following:

a) Parents' description of the study child.

b) Recognition of him as an individual.

c) The educational goals and work projected for the child.

d) Recognition of potential talents and/or skills, or a lack in parents' attitude toward the handicap, (i.e., acceptance, pity).

e) Parental awareness of the child's attitude toward the handicap and his use of the handicap (i.e., unusual efforts to overcome the effects of his handicap or exploitation of his handicap to get special benefits and/or attention).

Interview questions that are related to the above were:

How does___*____ relate to his handicap?

Knocks himself out trying to prove he can do things he really can't do?

Yes_____ No_____ Describe_____

Can you think of times when you forgot___*___was handicapped?

Yes_____ No_____

Can you remember what ___*___ was doing at that time?

Handicapped children like normal children are all different and have different kinds of abilities.

- Have you noticed any special talents or capabilities in___*____? Yes____ No____

  Can you tell me about this?

- What are your future plans for your children?
  Handicapped child?_____
  Siblings?_____

  For education_____

  For work_____

- What would you like your children to be when they grow up?

  Handicapped child?_____

  Siblings?_____

- If someone were to ask you to describe___*____ as a person, what would you say?

- How do you feel about___*___as a person?

- What three words best describe___*____?

The above questions were asked again in Interview II at the end of the first year of the demonstration.

These questions were repeated in Interview III at the end of the second year.

Parental Handling

To conceptualize responses in this category, the following were taken into consideration:

a) The parental handling of the study child in relation to handling of siblings.

b) If only child, how much independence was permitted the handicapped child.

c) Strictness in watching over him.

d) Kind of discipline.

e) Delegation of chores.

f) Awareness of child's reaction to his handicaps.

The above considerations can be summed up in the question: Is the child permitted to develop within his capacities, or is his growth being hampered?

These are questions from Interview I:

- What kinds of chores do you give your other children?
- What kinds of responsibilities for the care of ____*____ do you give to the other children?
- What kinds of chores around the house do you give ____*____?
- When any of your children misbehave, how do you punish them?
- If ____*____ misbehaves, what is the punishment?
- Is your neighborhood one that is safe for children to play out of doors near your house?
  Yes_____No_____ Reasons:_____
- Suppose ____*____ is playing out of doors, would you:
  1. Make him stay in own area where you can watch him?
     Yes_____ No_____ Reasons:_____
     him
  2. Let/go to a playground alone?
     Yes_____ No_____ Reasons_____
     him
  3. Let/go away from neighborhood only if with another child? Yes_____ No_____ Reasons:_____

- How does ___*___ react to his handicap:

  Forgets it when he is doing things he enjoys?
  Yes_____ No_____ Describe_____

- Parents should be less strict with their handicapped child than with other children.

  Agree _____ Disagree_____ Comment:_____

The above questions were again asked in Interview III, some in a more direct form than previously.

## SCORING

To arrive at a rating of each of the three components, the following procedures were followed. In this rating two social workers who had not taken part in the interviewing and who had worked with the writer in establishing the three components consulted with each other so as to use the same judgments with a proportion of the families rated by each independently and then in consultation. Differences that were noted were minimal and would have affected the rating one step above or below. In highly questionable instances, the writer was involved.

### Effect on Household

To arrive at the rating, parents' responses were assessed as to the following: the amount of time and attention the handicapped child required (i.e., as compared with the non-handicapped); the effect on siblings; resentment by siblings and by husband; interference with parents' social life; problems in finding a school for the child. The final rating was arrived at by evaluating the severity or lack of severity of the effect on the house-

hold and the character of the adjustment the family had made to the child's handicap.

Parental Attitude

For this rating the following were assessed: parents' description of the child; their recognition of him as an individual with potential; their educational and work goals for him; in comparison with the non-handicapped; awareness of talents and skills of the handicapped child; the child's adjustment to the handicapping condition and unusual effort to overcome it versus using the handicap to remain dependent or gain special advantages; parents' own attitude toward the handicap, i.e. degree to which parents are able to accept and not dwell on the handicap versus an over-protective attitude.

Parental Handling

For this rating the following were assessed: responses to questions as to parents' handling of the handicapped child in comparison with that of the non-handicapped; or if an only child, how much independence the child was permitted; strictness or its opposite in watching over him; punishment meted out, delegation of chores, again in comparison with siblings and a realistic appraisal of the degree of the handicapping condition; realistic awareness of the child's own reaction to the handicap. In sum, the assessment of those responses answered the question: Is the child permitted to develop and grow within his capacities, or is his growth being hampered or are there elements of both?

The assessment of each of the above components was summarized by checking one of the following evaluatory statements in each category.

Effect on Household

- Family has adjusted to the child's handicap.
- Handicap has created some problems and/or some resentment
- Handicap is a great burden on the family and/or has created many problems.

Parental Attitudes

- Parent individualizes child positively.
- Parent generalizes child's abilities and attitudes.
- Parent minimizes or does not recognize abilities or talents.
- Parent individualizes child negatively.

Parental Handling

- Handling highly facilitating.
- Handling indicates facilitation in some areas; over-protectiveness in others.

Highly or moderately over-protective, or rejection received the same score and the parental handling would be evaluated as deterring.

In summary, the three components: Effect on Household of the handicapped child, Parental Attitude, and Parental Handling were each rated as High, Medium or Low in the initial interview and for each successive interview, thus giving a record of the direction of change for each component.

On the basis of scores assigned to each of the three components, a comprehensive score was obtained that appraised the

family's child-rearing functioning so that it was possible to indicate that a given Comprehensive Family Rating was High, or Low for each of the three interviews. Further, having the Comprehensive Family Rating for each interview permitted assessment of the direction of change, positive or negative.

In the Children's Integration Study the Comprehensive Family Rating was used as a basis for comparison and evaluation of the study child's self-image[5] before the demonstration, and again at the end of the second year of the demonstration. It was also used to evaluate in the experimental group the role that the community center experience played in the child's social functioning in the home, at school and in his self-image.

## UTILIZATION OF THE COMPREHENSIVE FAMILY RATING TECHNIQUE

Applied to a practice situation, the instrument is useful in differentiating families whose child-rearing functioning seems adequate, in varying degrees, from those in which there is evidence of problems in child-rearing.

In the Children's Integration Study a high correlation was found between the Comprehensive Family Rating and the child's Self-Image Rating. When the former went down, this was usually reflected in the child's self-image unless there was a teacher or some other adult outside of the immediate family, such as a grandparent with whom the child identified positively and who was supporting the child's educational and vocational goals. This significant adult was important for children who were between the ages of 6 and 12.

The comparison between the child's self-image and the Comprehensive Family Rating also provided significant data as a basis for explaining why some study families did not continue in the demonstration. Similarly, the Rating could be of help in gaining added insight into those families who do not return to a social agency after the initial interviews. It is not easy for any parent to admit problems and/or failures in child rearing. This is especially the case in families living in our ghettos[6] where serious environmental lacks undermine parental functioning. Accordingly, a method that permits early assessment of imminent impairment of family functions makes possible a more unobtrusive and accepting help than is usually possible after breakdown has occurred.

Parents whose Comprehensive Family Rating reflected problems in their child rearing can be assessed as to the most effective way to be of help by comparing the clues from the Rating with the parents' own awareness of problems. In addition, the instrument serves to point up the need to provide help for children in families where long-term environmental problems and/or deprivations have already impaired the parental role at the time that agency contact is initiated. For such children, an early search for adults who can serve as parent substitutes is imperative for the child's growth and fulfillment of his potential.

The Rating may also point up early the needs of a family before serious impairment occurs through breakdown in the parents' confidence. This occurs in low-income families who blame themselves when unable to provide adequately for their school children so that the latter will not feel ashamed of their clothes and

lack of spending, for example. In some situations, it is possible to anticipate, by means of the Rating and the self-image instrument, the effects of a long-term illness on the part of a parent, and hence provide sufficient support to prevent serious family breakdown. Children sense crises and build up anxiety long before the situations are made explicit to them. Problems other than long-term illness which create anxiety for young children are desertion and divorce, the former occurring more frequently in low-income families and latter in middle and upper-income families.

Sometimes a child's self-image may be positive, or (if the Self-Image Instrument has not been used) the child's behavior may reflect a more positive family child rearing than is corroborated by the social worker's evaluation of the family. In such a situation, looking into the child's school, church or synagogue for adults with whom the child may have identified positively would be important, especially if they are not aware of the family situation and may in the near future not be able to continue to provide the same kind of support to the child. The social worker would have time before the child reacted to breakdown in family functioning to present the problem to adults whom the child already trusts or to find other adults who might be able to show interest and provide the essential support for the child.

Recognition of early warnings can prevent removal of children from their homes. This is as important in middle class families as in poor families. In the case of one of the study children from a middle class family, the mother's terminal illness had left the father overwhelmed with problems that, in the last inter-

view, were reflected in an older daughter's leaving the home and in the downward trend of the study child's self-image.* In practice, this situation could have been discovered much earlier and assistance given to the father in his parental role, so that the child's functioning would not have been affected in a downward trend of her self-image. It is possible that responding quickly when there is evidence of incipient breakdown may do much to restore the family's cohesiveness.

Since family functioning can and does change, the Comprehensive Family Rating can be used to ascertain whether change that occurs is due to some temporary emergency or problem with the possibility that the family's functioning would then go back to the level previously achieved, or even show improvement through having successfully handled a difficult situation. If, on the other hand, the social worker finds that the crisis -- however handled -- has seriously impaired the family's functioning, the Comprehensive Family Rating Instrument by means of the three components, can be used to ascertain areas of weakness or breakdown and how these have affected the children.

Children are continually seeking strength, stimulation and models of behavior from adults. Accordingly, it would be important to build into a child's extra-familial experience some adult supports. These could be in the form of adults with whom there are indications that the child could identify quickly and positively. This would then give the social worker time to

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*The family was referred to a social agency for help.

assess what needed to be done to restore the family's functioning and self-confidence in carrying out or resuming appropriate responsibility.

Illustrations from the Children's Integration Study

In the case of a 10-year-old handicapped Puerto Rican boy in the experimental group, the oldest of three children in an intact family in which the father earns only a marginal income, the first Comprehensive Family Rating placed the family in the high category. The mother did not treat the handicapped child differently from the two younger non-handicapped children. Her education and work goals were higher for the study child than for his siblings. The only clues to any problems that were apparent in the first research interview seemed to be a lack of control on the part of the mother over all the children. They would argue and quarrel to gain her attention. In addition, the child's self-image was rated in the high range in the initial interview.

In the second interview, the mother continued to praise the handicapped child and to describe him in glowing terms. However, his academic rating in school had gone down slightly by the time of the second parent and child interviews a year later. Likewise, his social functioning in school had gone down, (that is, his relationship with his peers) and also his relationship with his teacher. The only area in which his functioning was of a positive nature was in the community center, though even there he had some problems such as using force with his peers as he did at home with his siblings out of rivalry with them.

It was not until the third and final interview that the

mother was able to admit that she needed help with the child's behavior. Moreover, she did not consider the study child to be disabled, so that her treating him just like his non-handicapped siblings was not really providing equal treatment. The Comprehensive Family Rating had changed from high to low from the first to the second interview and remained low at the time of the final interview, confirming the fact that the child-rearing function had changed for the worse, exacerbated to some extent by the fact that adolescent boys find it particularly difficult to accept physical handicaps. The downward trend of the Comprehensive Family Rating was noticeable in all three components. In practice, the categorization of parents' responses in the three areas can serve to provide specific clues to problems. The family was referred for counseling which in practice can be initiated early and usually be provided by the agency involved.

In the case of an 11-year-old Puerto Rican girl, also in the experimental group, the first Comprehensive Family Rating was low and remained low throughout the two years of the demonstration. At the same time the child's self-image was rated high and and remained high with evidence of growth in her responses in the third and final interview. Her interest in learning persisted throughout. She identified with appropriate persons, and she expressed a wish "to be smarter." Her experience in the center was a highly significant one for her and she did well there. She also had interested teachers and her academic rating improved while her relationship to her teachers remained at a high level.

The home situation revealed the mother as a warm person but a functional illiterate. The father who worked had minimal

education. The family of seven lived at first in a 5-room low-income apartment with two young adults joining the family during the second year. (Their relationship to the other children was not clarified.) At the end of the study and without the continued support of interested teachers, how long is it to be expected that this girl will be able on her own to persist in her desire for more education, even though she may have obtained some of the interest in learning from her parents? This, in a practice situation, would suggest the focus for continued treatment of this family, as well as trying to improve their housing. For the girl, the emphases would be that of finding some substitute for the community center experience at the same time that the means by which she might continue her education were explored. The following is illustrative of her interest in education.

Early in the study, this child asked the interviewer to teach her how to read and spell, adding: "I was in a dumb class and I do not know too much." She was referring to the fact that she was in a Health Class (of the New York City Board of Education) which includes brain-injured and emotionally disturbed children. Health Classes, the study revealed, under-educates many physically handicapped children who have motivation to learn and who have normal intelligence or higher.

Without such an instrument as the Comprehensive Family Rating, it might take longer to assess the weakness in this family's functioning or to identify the areas in which the above young girl is likely to need continued adult support that her parents, through no fault of their own, seem unable to provide.

In the case of an 8-year-old Negro boy in the control group,

the oldest of three children, the Comprehensive Family Rating was in the middle range for the first two interviews, going down to a low -- that is, deterring rating -- in the third interview. The boy's self-image went down from the middle range to low in the second interview and remained low in the third. The mother is described as "only mildly interested" and "passive". Her indifference increased until the time of the third interview when she showed slightly more interest. The mother visited the school on several occasions, though she worked in a factory. The father worked as a truck driver. The family would not give permission for the child to be transferred from a Health to a regular class. The boy had shown improvement in his social functioning at school, in his relationship to his teacher and in his academic work. His identification with adults included his teacher, his father, and the principal.

This boy's attitude toward school changed when his family would not go along with the transfer to a regular class. The teacher reported that he was not trying to improve his work and that he "seemed to expect help at home with his school work." The one adult who was standing by him in an area of concern and aspiration was his teacher. In such a situation, the Comprehensive Family Rating could be used to assess whether the family understood what was involved in the transfer, or how to support the boy in his school work; or to find out whether this was the beginning of serious impairment in their child-rearing functioning. The mother seemed overwhelmingly tired and might need help to consider whether she should change her type of work, and assistance in finding other employment. Also, since handicapped

children in Health Classes are bussed to school, this may have been the reason why the family preferred the child to remain in this class. Discussion with the parents would clarify these questions.

In the case of a white 8-year-old girl in the experimental group, the older of two children in an upper-middle class family, the Comprehensive Family Rating was low in the first interview, medium in the second, and high in the third. The mother initially had problems in accepting and caring for her handicapped child. This situation persisted, though to a lesser degree, throughout the demonstration. The mother worked and the study child who was cared for largely by a housekeeper, resented the mother's open favoritism of the non-handicapped child. The mother was aware of this, stating that the handicapped child "definitely resents special attention to her sibling." She added that the father does not pay special attention to the non-handicapped child. The mother also noted that the handicapped child gets along "best with adults."

The study child's social functioning improved markedly in school, that is, as regards her relationship to her peers, while her relationship to her teacher remained at a high level throughout the demonstration. She had had difficulty reading earlier because of poor vision. With the use of an electric typewriter, she learned to read and spell, thereby making progress in her academic work. Her experience in the community center was an enriching one. The child told the mother a great deal about her activities there. The interviewer reported that the mother talked freely of the benefits to the child from this experience. The

mother's praise of the center is significant and indicative of her attitude toward the handicapped child. "The center", she told the interviewer, "had a very good physical set-up and a good staff who did a good job," adding: "Maybe they tried too hard."

While it was apparent that the mother's overall handling of the study child had improved through participation in the demonstration, the school and the community center activities accounted for a major part of the improvement in the child's self-image. It is also pertinent to point out that the father's warm and understanding attitude did much to neutralize the lack of warmth on the part of the mother toward the handicapped child. As the demonstration was nearing an end, we learned of the mother's plan to transfer the study child to a private school despite the fact that the child had made a good social adjustment and had improved academically, overcoming her visual handicap in the public school. Moreover, the child expressed concern over this transfer.

Additional confirmation of the mother's attitude was obtained, following completion of the demonstration, in connection with a group thesis by Adelphi University School of Social Work students[7] under the writer's direction. This involved interviewing the non-handicapped siblings of a sample of the Integration Study children. Although the mother had agreed to permit the younger sibling to be interviewed, the latter refused to be interviewed when the student interviewer arrived. The child called her mother and obtained immediate approval for not participating. The mother's explanation was that: "It might disturb the child."

A major question for practice in this situation is: "Will not the mother need continuing help in accepting the child who has

physical handicaps, i.e., if she is really interested and willing to obtain help. The father would be an ally in this respect, judging from our contact.

It is apparent that to some extent the research interviewer had over-identified with the mother and thus had not discerned early enough the negative aspect in the mother's relationship with the study child. In addition, we found that in families, middle-or lower-class, improvement in the Comprehensive Family Rating did not necessarily mean the absence of any problems. It meant that at least some sources of improvement had been identified. At the end of our study, the possibility of obtaining counseling was offered to each family.

The above case is a graphic illustration of differences in the ratings of families due to the continuing bias of predominantly middle-class social workers in whom there is a tendency not to discern as clearly (or as early) negative aspects of middle-class parent-child relationships; and conversely, not to discern as clearly (or as early) positive aspects of parent-child relationships in economically deprived families. In this respect, the use of the technique described in this monograph should be of value.

# S U M M A R Y

The Comprehensive Family Rating technique can help to clarify parental inability or impairment in child-rearing in a number of ways: by strengthening the social worker's sensitivity, insights and skills through lessening the need for value judgments of a global nature. The use of the three interrelated components in the Children's Integration Study served to facilitate obtaining evidence for the necessary judgments, through breaking up the over-all impressions that workers cannot help gaining from contact with a family into interrelated aspects that can be confirmed more readily through observation, questioning and discussion. There is nothing final about these three components. Others can be added. Expansion of the instrument to include, where pertinent, assessment of a given family's handling of emergencies in the past as a fourth component would, for example, be valuable. It is the conceptualization that has application for practice in many different settings in which there is no substitute for professionally trained and skilled observation and judgment based on meaningful relationship and understanding of the individuals involved. The instrument described in this monograph does not substitute for the skill and sensitivity of the social worker. It can, however, stimulate social workers to seek objective clues and documentation for what might otherwise remain insightful impressions. The above skills together with disciplined and sensitive understanding of a wide range of behavior are essential requirements for the use of the instrument.

In other words, the use of the Comprehensive Family Rating,

as in the case of the Self-Image Instrument, demands more of the practitioner-but makes possible a diagnostic evaluation that utilizes both intuitive insight and understanding and a research technique in checking intuition, observation and evaluation of subjective data. This is important, given the lack of scientifically defensible data as to what constitutes ideal or normal child-rearing. A lack in this respect that our profession could do more to fill lies in the radically different environmental pressures that both incapacitate and capacitate parents in this role depending upon their social class.

While the impairment in the child-rearing functioning of low-income, minority group families seems, at first glance, to be more severe than that of middle and upper-middle class families, the last illustration cited is an example of a subtle kind of impairment, despite material advantages, that has serious implications for the children. Warmth in economically deprived homes, even where both parents work, makes it possible for a child to seek additional adult models as well as other forms of support outside of the home. Children -- even young children -- are aware of the effects of poverty that compels both parents to work, and to work so hard that they have little time to enjoy their children.

To the continuing surprise of this researcher, neither social work practice nor social work research seems to have conceptualized clearly enough the difference between the neglect of children of the poor (of which the battered child is an extreme example) and the subtle but profound neglect of children of well-to-do families. For the middle and upper-class, this is graphi-

cally illustrated today by the number of adolescents who join hippie movements, try to turn the clock back by living in so-called communes, are heavily involved in drugs or manifest a variety of other forms of alienation. A technique like the Comprehensive Family Rating can be useful in minimizing the effect of the social worker's bias in either direction.

The Technique has a number of other uses, some of which might be called predictive, as implied in the discussion that preceded the illustrative case material from the Children's Integration Study. Early assessment of families likely to require long-term treatment as well as assessment of families needing a long warming-up period before being able to accept help with their child-rearing function are illustrations of predictive uses of the Comprehensive Family Rating.

In addition, the Technique has the potential for setting priorities in times when lack of staff is a serious problem. Or it may be used to establish criteria for assigning cases to students or beginning workers. In this way, the Technique is constantly being tested.

With little change or adaptation, some of the "intuitive guesswork or impressions" can be eliminated in diagnostic evaluation, in particular, at the point of admission to a psychiatric clinic or hospital. Psychiatry as well as social work belongs to the social sciences and, hence, shares in the lack of precision of this field. The writer pointed this out in a paper presented two decades ago at a conference of the then American Association of Psychiatric Social Workers. The objective was to

suggest ways in which social work might make a major contribution to psychiatric theory by providing the kind of documentation of inimical environment that is productive of mental illness. At the time of presentation the idea was almost totally rejected. Our profession has yet to make the kind of contribution projected in the paper which was published with three critiques by a psychiatrist, and two social workers.[8]

Problems are more widely recognized today than in 1950 as not being exclusively individual or exclusively social but a mixture of the two in varying proportions, difficult -- if not impossible -- to separate or measure. The general objective of this monograph is to suggest again that we make the most effective use of our understanding of people with such problems by making our knowledge more objective, reliable, and, in particular, more precise. In this way our field will be in a position to play a significant role in pointing up the need to consider environmental pathology -- especially that of long duration -- in the etiology of social problems whether they involve the medical, psychiatric or related professions, including our own.

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